

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of Timothy ROBINSON

Serial No.: \_\_\_\_\_ [complete if known]

Filing Date: \_\_\_\_\_ [complete if known]

Group Art Unit: \_\_\_\_\_ [complete if known]

Examiner: \_\_\_\_\_ [complete if known]

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR BIOLOGICAL AUTHORIZATION FOR FINANCIAL  
TRANSACTIONS

the specification of which

☒ is attached hereto.

OR

☐ was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability in accordance with 37 C.F.R. § 1.56.

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

**Application Number(s)**

**Filing Date (MM/DD/YYYY)**

60/177,235

01/20/2000

As a named inventor, I hereby appoint the following registered patent attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Jon L. Roberts, registration no. 31,293, John K. Abokhair, registration no. 30,537, Kevin L. Pontius, registration no. 37,512, Christopher B. Kilner, registration no. 45,381, Nathan Wolf, registration no. 39,075, and Timothy W. Graves, registration no. 45,940.

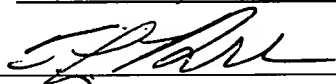
Direct all correspondence to:

Roberts Abokhair & Mardula, LLC  
11800 Sunrise Valley Drive, Suite 1000  
Reston, Virginia 20191

Direct telephone inquiries to: Kevin L. Pontius at (703) 391-2900

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Timothy ROBINSON

Sole or first Inventor's Signature  Date 1/18/2001

Residence Herndon, Virginia

Post Office Address: 580 Herndon Parkway, Suite 100

Post Office Address: Herndon, VA 20170

Citizenship U.S.A.

Full name of second joint inventor, if any \_\_\_\_\_

Second Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Citizenship \_\_\_\_\_